

Exhibit A

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

3052023223847

CERTIFICATE OF DEATH

3202319049752

DECEDENT'S PERSONAL DATA		CERTIFICATE OF DEATH		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST, MIDDLE OSCAR		2. MIDDLE -		3. LAST Family VASQUEZ LOPEZ	
4. ADDRESS KNOWN AS - Include full name, street, number, city GUATEMALA		5. DATE OF DEATH 03/04/1979		6. DEATH TIME 44	
7. BIRTH STATE/FOREIGN COUNTRY GUATEMALA		8. EVER IN US ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		9. MARITAL STATUS/SHIP at Time of Death NEVER MARRIED	
10. OCCUPATION - Type of work for pay or profit (Do NOT use RETIRED) CONSTRUCTION WORKER		11. DECEDED'S RACE - Use up to 3 boxes max. See back for instructions on details X GUATEMALAN		12. DECEDED'S PLACE - Use up to 3 boxes max. See back for instructions on details OTHER HISPANIC	
13. USUAL OCCUPATION - Type of work for pay or profit (Do NOT use RETIRED) CONSTRUCTION		14. KIND OF BUSINESS OR INDUSTRY (e.g., SERVICE TRADE, MANUFACTURE, EMPLOYMENT AGENCY, ETC.) CONSTRUCTION		15. YEARS IN OCCUPATION 4	
16. DECEDED'S RESIDENCE (Street and number, if available) 2036 E. WHITING AVE. APT. 5		17. CITY FULLERTON		18. ZIP CODE 92831	
19. INFORMANT'S NAME, RELATIONSHIP NELSON GUDIEL VASQUEZ VELASQUEZ, SON		20. INFORMANT'S NAME AND ADDRESS (NAME AND ADDRESS OF THE PERSON WHO PROVIDED INFORMATION)		21. STATE/FOREIGN COUNTRY CA	
22. NAME OF SURVIVING SPOUSE/GROUP-FIRST ANGEL		23. MIDDLE -		24. LAST BIRTH NAME VASQUEZ	
25. NAME OF FATHER/PARENT-FIRST MICAELA		26. MIDDLE -		27. LAST BIRTH NAME LOPEZ	
28. DEPOSITION DATE, TIME/HOUR 10/29/2023		29. PLACE OF FINAL DISPOSITION CEMENTERIO GENERAL MUNICIPIO LAS CRUCES, DEPARTAMENTO DE PETEN, GUATEMALA 17000		30. LICENSE NUMBER EMB9025	
31. TYPE OF DISPOSITION TRANSIT/BURIAL		32. SIGNATURE OF EMBALMER ► MICHAEL LEONARD PADILLA		33. DATE OF DEATH 10/13/2023	
34. NAME OF FUNERAL ESTABLISHMENT FUNERARIA LATINO-AMERICANA		35. LICENSE NUMBER FD1412		36. SIGNATURE OF LOCAL REGISTRAR ► MUNTU DAVIS MD	
37. PLACE OF DEATH PARKING LOT		38. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DCA <input type="checkbox"/> Private <input type="checkbox"/> Nursing <input type="checkbox"/> Home/LC <input checked="" type="checkbox"/> Other		39. # OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DCA <input type="checkbox"/> Private <input type="checkbox"/> Nursing <input type="checkbox"/> Home/LC <input type="checkbox"/> Other	
40. COUNTY LOS ANGELES		41. FAMILY ADDRESS, IF LOCATION WHERE FOUND (Street and number, or location) 21051 SHERMAN WAY		42. CITY LOS ANGELES	
43. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) IN SHOTGUN WOUND OF NECK AND SHOULDER		44. TIME OF DEATH Show the hour of death - hours, minutes, or correspondence -- that directly caused death. DO NOT enter terminal events such as heart arrest, resuscitation efforts, or pronouncement of death unless occurring during the struggle. DO NOT abbreviate. 10:00 AM		45. TIME REPORTED TO CORONER Initial Report Date 10:00 AM	
46. SUBSEQUENT CONDITIONS, IF ANY, LEADING TO DEATH OR CONDUCING TO DEATH AND/OR UNDERLYING CAUSE (disease or injury that initiated the events leading to death) (AET)		47. TIME OF AUTOPSY PERFORMED 10:00 AM		48. TIME OF DETERMINATION OF CAUSE 10:00 AM	
49. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE SHOWN IN 47 NONE					
50. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 47 OR 112? (If yes, list type of operation and date) NO		51. SESSANT PREGNANT IN LAST YEAR <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		52. DATE OF DEATH 10/07/2023	
53. PHYSICIAN'S CERTIFICATION AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Deceased, Intended Slave Deceased Last Seen Alive (a) Immediately: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain		54. SIGNATURE AND TITLE OF CERTIFIER ► EVONNE R-JACKSON		55. LICENSE NUMBER EVONNE R-JACKSON, DEP CORONER	
56. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED MANNER OF DEATH <input type="checkbox"/> Nature <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Autopsy <input type="checkbox"/> Could not be determined		57. INJURED AT WORK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		58. DEATH DATE 10/07/2023	
59. PLACE OF INJURY (Street and number) or location, and city, and zip OTHER: PARKING LOT		60. DATE OF DEATH 10/12/2023		61. HOUR OF DEATH 0104	
62. DESCRIBE HOW DEATH OCCURRED (Events which resulted in death) SHOT BY OTHER		63. LOCATION OF DEATH (Street and number) or location, and city, and zip 21051 SHERMAN WAY, LOS ANGELES, CA 91303		64. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER EVONNE R-JACKSON, DEP CORONER	
65. STATE REGISTRAR A B C D E				66. FAX NUMBER 67. CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELESThis is a true certified copy of the record filed in the County of Los Angeles
Department of Public Health if it bears the Registrar's signature in purple ink.*Mark B. Jackson, MD*VG
Health Officer and Registrar

DATE ISSUED

This copy is valid unless prepared on engraved border diesetting and signature of Registrar.


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 OCT 18 2023